



DANIELS DANIELS & VERDONIK, P.A.

FACSIMILE MEMORANDUM

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TO: Examiner Leland R. Jorgensen (Art Unit 2675) (0975-003)
FAX #: (703) 872 9314
FROM: Kevin E. Flynn, Reg. No. 37,325
DATE: March 14, 2003
RE: U.S. Application Serial No. 09/825,107 filed April 3, 2001


Attached is Response to Office Action dated December 19, 2002


A confirmation copy of the attached Response will be sent to the United States Patent and Trademark Office after it is faxed by U.S. First Class Mail.

Please contact Kevin Flynn at (919) 544 5444 or email to kflynn@d2vlaw.com if you have any questions.

Thank you.

PTO/SB/21 (6-98)		Application Number	09/825,107
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Filing Date	April 3, 2001
		First Named Inventor	Crawford, Peter J.
		Group / Art Unit	Jorgensen, Leland R.
		Examiner Name	2675
Total Number of Pages in This Submission	28	Attorney Docket No.	0975-003

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<div>Form PTO/SB/06 Check for \$69.00 Return Receipt Postcard</div>
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Kevin E. Flynn		37,325
Signature			Date March 13, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:			
Typed or printed name	Lynette M. Bailey		
Signature		Date	March 14, 2003

PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$69.00)

Complete if Known

Application Number	09/825,107
Filing Date	April 3, 2001
First Named Inventor	Crawford, Peter J.
Examiner Name	Jorgensen, Leland R.
Art Unit	2675
Attorney Docket No.	0975-003

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number _____

Deposit Account Name _____

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims _____ Extra Claims _____ Fee from below _____ Fee Paid _____

Independent Claims _____ - 20** = _____ X _____ = _____

Multiple Dependent Claims _____ - 3** = _____ X _____ = _____

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$0.00)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 80	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) Extra Claim Fees

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$69.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Kevin E. Flynn	Registration No. (Attorney/Agent)	37,325	Telephone	919 544 5444
Signature		Date	March 13 2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 0975-003/ 09/825,107	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA				RATE	FEE
BASIC FEE (37 CFR 1.16(a))							\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	22	minus 20 =	*	2			OR
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4	minus 3 =	*	1			OR
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	OR TOTAL
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	* 25	Minus	** 22	= 3	x \$ 9 =	27.00
	Independent (37 CFR 1.16(b))	* 5	Minus	*** 4	= 1	x 42 =	42.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ _____ =
						TOTAL	OR TOTAL
						ADDIT. FEE	69.00
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ _____ =
						TOTAL	OR TOTAL
						ADDIT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ _____ =
						TOTAL	OR TOTAL
						ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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